

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155695		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERSIDE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W FRANKLIN ST ELKHART, IN46516			
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F0000	<p>This visit was for the Investigation of Complaints IN00088375 and IN00089027.</p> <p>Complaint IN00088375- Substantiated. Federal/state deficiencies related to the allegations are cited at F281, F282, F328 and F514</p> <p>Complaint IN00089027-Substantiated. Federal/state deficiencies related to the allegation are cited at F281, F282, F322, F328 and F514.</p> <p>Survey dates: 4/18-21/11</p> <p>Facility number: 003075 Provider number: 155695 AIM number: 200364160</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Medicare: 12 Medicaid: 62 Other: 11 TOTAL: 85</p>			F0000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance.</b></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0281 SS=D	<p>Sample: 12 Supplemental sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 26, 2011 by Bev Faulkner, RN</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 7 nurses (LPN # 4) observed during medication administration was familiar with the medication and route of administration of an</p>			F0281	<p><b>F 281What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b>It is the practice of this facility that all services provided or arranged by the facility meet professional standards of quality. Resident D: the MAR has been corrected to include the specific route of administration for the identified medication. This resident experienced no negative outcome as a result of this practice. LPN #4 is not currently employed at this facility. <b>How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?</b>All</p>		05/21/2011

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	<p>injectable medication. This deficient practice affected 1 of 9 residents whose medications were observed. Resident D</p> <p>Findings include:</p> <p>During the observation of the medication pass by LPN #4, on 4/19/11 at 8:25 a.m., the nurse indicated she was going to give Lovenox 40 mg, subcutaneously into Resident D's left upper arm. Lovenox is an anticoagulant.</p> <p>When queried about the</p>				<p>residents with orders for injectable medications have the potential to be affected by this practice and will be identified through a facility audit. This audit will identify all residents with orders for injectable medications and ensure that appropriate routes of administration are included and noted on the MAR. The Nurse Management Team is responsible for completion of this audit. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b>A Nursing In-service is scheduled for 5/10/2011. This In-service will be given by Corporate Nurse Consultants and/or designee and include review of the facility policy titled "Injectable Medication Procedure". The In-service will also review appropriate routes of administration for commonly administered medications. The nurses will be instructed that if they are ever unsure how to give a medication, they should seek guidance from a member of the Nurse Management Team. In addition, the facility will conduct a Skills Validation Fair on 5/10/2011. This Fair will require all nurses to do return demonstrations and competency checks on all basic nursing skills including administration of injectable medications. <b>How will the corrective action(s) be monitored to ensure the</b></p>		

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	<p>medication and where she was going to inject it, LPN #4 indicated she had never given the medication before and was unfamiliar with it. She summoned the Unit Director who informed her it should be given into the abdomen.</p> <p>During an interview with LPN #4, on 4/19/11 at 8:50 a.m., she indicated she had been employed by the facility "more than three months."</p> <p>Review of information in the 2010 Nursing Drug</p>				<p><b>deficient practice will not recur, i.e. what quality assurance program will be put into place?</b>To ensure compliance with this corrective action, the DNS and/or designee will be responsible for completion of the CQI tool titled "Documentation MAR/TAR/Flow Sheet" daily x3 weeks and then weekly thereafter to ensure routes of administration are noted on all MARs. Additionally, Skills Validation and competency checks will be completed on all newly hired nurses within the first 60 days of employment, all charge nurses during skills validations, as needed, and at least annually thereafter. Findings will be submitted to the CQI Committee for review and follow up. Compliance Date: 05/21/2011</p>		

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F0282 SS=E	<p>Handbook,page 406, on 4/19/11 at 2:00 p.m., indicated "Inject drug deep subcutaneously with patient in supine position. Alternate left and right anterolateral and posterolateral abdominal wall sites."</p> <p>This federal tag relates to Complaints IN00088375 and IN00089027.</p> <p>3.1-35(g)(1)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation,</p>			F0282	<p><b>F 282What corrective action(s) will be accomplished for those residents found to have been</b></p>		05/21/2011

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	<p>interviews and record review, the facility failed to follow physician's orders for medication administration for 5 of 8 residents whose records were reviewed for medication accuracy in a sample of 12. Residents B, C, F and E</p> <p>Findings include:</p> <p>1. During the orientation tour, on 4/18/11 at 4:30 a.m., Resident B was observed in bed with oxygen running via a face mask.</p>				<p><b>affected by the deficient practice?</b> It is the practice of this provider that services must be provided by qualified persons in accordance with each resident's written plan of care. Resident B has been discharged from the facility. This resident's MAR was corrected during the survey on 4/18/11. Residents C did not experience any negative outcome as a result of this finding. There have been no further discrepancies noted in administration of her medications. Resident E: The order for Clonazepam has been clarified. Resident E did not experience any negative outcome as a result of this finding. Resident F: The order for Clonazepam has been clarified. Resident F did not experience any negative outcome as a result of this finding. <b>How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?</b> All residents have the potential to be affected by this finding and will be identified through a facility audit of each resident's Physician Orders and MAR. This review will ensure all Physician Orders have been accurately transcribed and administered as ordered. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not</b></p>		

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	<p>The clinical record of Resident B was reviewed, on 4/18/11 at 5:30 a.m., and indicated she had been readmitted to the facility on 4/14/11, following hospitalization for pneumonia. The orders, dated 4/14/11, indicated the resident was to have nebulizer treatments of Albuterol 2.5 Ipratropium 0.5 mg every four hours. The order had been transcribed as every four hours, but the times on the Medication Administration Record (MAR) were set for only</p>				<p><b>recur? A Nursing In-service will be held on 05/10/2011. This In-service will be given by Corporate Nurse Consultants and/or designee. This In-service will include review of the facility policy titled, "Medication and Treatment Procedure". This In-service will also review documentation requirements during medication administration as well as accurate documentation on the Narcotic Count Record when indicated. Medication Pass Procedure will also be included in the upcoming Skills Validation Fair. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b> To ensure ongoing compliance with this corrective action, the DNS and/or designee will be responsible for completion of the CQI Tool titled, "Medication Administration Pass" daily x3 weeks and weekly thereafter. In addition, the DNS and/or designee will conduct random, unannounced Medication Pass Observations on all newly hired nurses within the first 60 days of employment and on all current nurses as needed and at least annually thereafter. Findings will be submitted to the CQI Committee for review and follow up. Compliance Date: 05/21/2011</p>		

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	<p>four times a day (9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m.) . The two doses for 1:00 a.m., and 5:00 a.m., had been left off the MAR. The resident had "missed" the night doses on 4/15, 4/16, and 4/17/11. The MAR was corrected by LPN #5, on 4/18/11.</p> <p>2. The clinical record of Resident C was reviewed, on 4/18/11 at 8:30 a.m., and indicated the resident was to have Zolpidem Tartrate 5 mg, each night due to</p>						



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	<p>insomnia. The physician had ordered the sleeping medication on 1/6/11. The sign out sheet for the sleeping medication had no entries of the medication being taken from the medication cart on 3/25 or 3/26/11. The narcotic count had been accurate on both days, indicating the medication had not been removed from the cart or given. The MAR was initialed to indicate the medication had been given.</p> <p>During an interview with</p>						

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	<p>RN #2, on 4/18/11, at 9:00 a.m., she was unsure why the medication had not been given as ordered the two nights, or why the MAR had been signed to indicate the medication had been given.</p> <p>3. The clinical record for Resident E was reviewed, on 4/18/11 at 9:45 a.m., and indicated the resident had been receiving clonazepam 0.5 mg (for anxiety) each evening at 5:00 p.m. since 2/18/11. She had also been receiving</p>						

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	0.25 each morning at 9:00 a.m. The MAR for April 2011, indicated the 0.5 mg dose at 5:00 p.m., had been given on 4/17/11, but the controlled sign out record indicated only one of the 0.25 mg tablets had been taken from the supply. The controlled drug count had been accurate at the end of the shift, indicating only one tablet had been given, rather than the two needed for the 0.5 mg dose.						

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	<p>4. The clinical record of Resident F was reviewed, on 4/18/11 at 11:30 a.m., and indicated the physician had ordered clonazepam 0.5 mg twice daily on 3/1/11. The dosage of the medication for the 9:00 p.m., dose on the MAR for April 2011, had been marked over and the entry had been changed to indicate two tablets should be given for the 0.5 mg dose. The medication was 0.5 mg in the cart and had been dispensed that way. The</p>						

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	<p>resident had received twice the ordered dose on 4/17/11 at 9:00 p.m. Two tablets had been signed out and indicated on the controlled drug log.</p> <p>During an interview with LPN#3, on 4/18/11 at 12:00 noon, she indicated the pharmacy had previously sent tablets of 0.25 mg strength and one of the nurses must have thought two tablets were needed for the 0.5 mg dosage, not realizing the tablets were 0.5 mg each.</p>						

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	<p>This federal tag relates to Complaints IN00088375 and IN00089027.</p> <p>3.1-35(g)(2)</p>						
F0322 SS=D	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation,</p>			F0322	F 322 What corrective action(s) will be accomplished for those		05/21/2011

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	<p>interviews and record review, the facility failed to ensure 1 of 5 residents receiving enteral feedings in a sample of 12 was positioned appropriately for prevention of aspiration during feeding. Resident D</p> <p>Findings include:</p> <p>1. During observation of the gastrostomy tube (g-tube) feeding of Resident D, on 4/19/11 at 8:20 a.m., with the Assistant Director of Nursing (ADoN)</p>				<p><b>residents found to have been affected by the deficient practice?</b> It is the practice of this provider that a resident fed by naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration. Resident D: this resident's bed has been elevated 30 degrees. This resident experienced no negative outcome as a result of this finding. LPN #4 is not currently employed at this facility. <b>How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?</b> All residents receiving naso-gastric or gastrostomy feedings have the potential to be affected by this finding. Adjustments have been made to the beds of all residents receiving naso-gastric or gastrostomy feedings that keeps the head of the bed elevated at least 30 degrees at all times. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> A Nursing In-Service will be held on 05/10/2011. This In-Service will be conducted by Corporate Nurse Consultants and/or designee. This In-Service will include review of the facility policy titled, "Enteral Therapy Resident Care". The staff will be re-educated on proper technique</p>		

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	<p>present, the resident was flat in bed with no elevation of the head of the bed. The g-tube feeding of Jevity 1.0 was running continuously at 75 cc per hour.</p> <p>Review of physician's orders, upon admission on 4/15/11, indicated the head of the bed was to be elevated 30-45 degrees.</p> <p>During an interview with the ADoN, on 4/19/11, during the observation, she indicated the head of the bed should have been</p>				<p>regarding checking for placement and residual as well as proper positioning of the bed during and after enteral feedings. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b> To ensure ongoing compliance with this corrective action, the DNS and/or designee will be responsible for completion of the CQI Audit Tool titled, "Enteral Therapy" monthly x3 months and then quarterly thereafter. Additionally, Skills Validation and competency checks will be completed on all newly hired nurses within the first 60 days of employment, as needed and at least annually thereafter. Findings will be submitted to the CQI Committee for review and follow up. The Maintenance Director will complete weekly inspections and document in the Preventive Maintenance Log on all beds for residents receiving naso-gastric or gastrostomy feedings to ensure elevation equipment is in place and functional. The Maintenance Director will be notified to install elevation equipment on beds for new admissions or when new orders are received for naso-gastric or gastrostomy feedings. To ensure ongoing compliance with this corrective action, the Maintenance Director and/or designee will be responsible for</p>		



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	<p>elevated and immediately raised it to 30 degrees. The resident did not appear to have any trouble with breathing at the time.</p> <p>Review of the facility policy for g-tube care, dated 3/10 and provided by the ADoN, on 4/18/11 at 10:00 a.m., indicated "Head of bed is to be elevated at a 30-45 degree angle during feeding and for at least one (1) hour after feeding is completed to prevent gastric reflux and possible aspiration."</p>				<p>completion of the CQI Audit Tool titled, "Environmental Safety – Resident Area" weekly x4 weeks and then monthly thereafter. Compliance Date: 05/21/2011</p>		

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	2. During the observation of the administration of medications via a gastrostomy tube (g-tube), on 4/19/11 at 8:40 a.m., LPN #4 was observed injecting a bolus of air into Resident D's g-tube. She had no stethoscope with her and failed to check the placement by auscultation. She did aspirate for residual and finding none, administered the medications by first flushing with water						

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	<p>before and after the medications.</p> <p>Review of the enteral feeding validation procedure, dated 3/10/11, and signed by LPN #4, on 3/10/11, the validation indicated she was able to demonstrate the placement of a g-tube by auscultation and aspiration.</p> <p>This federal tag relates to Complaint IN00089027</p> <p>3.1-44(a)(2)</p>						

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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services:            Injections;            Parenteral and enteral fluids;            Colostomy, ureterostomy, or ileostomy care;            Tracheostomy care;            Tracheal suctioning;            Respiratory care;            Foot care; and            Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to ensure an injection of blood thinning medication was administered properly to 1 of 1 residents receiving the blood thinner Lovenox in a sample of 12. Resident D</p> <p>Findings include:</p> <p>During the observation</p>			F0328	<p><b>F 328 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> It is the practice of this provider to ensure that residents receive proper treatment and care for special services. Resident D continues to receive subcutaneous injections per manufacturer's recommendations. This resident experienced no negative outcome as a result of this finding. LPN #4 is no longer employed by the facility. <b>How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?</b> Any residents with orders for injectable medications have the potential to be affected by this practice and will be identified through a facility audit. This audit will identify all residents will order for injectable medications and ensure that appropriate routes of administration are included and noted on the MAR.</p>		05/21/2011

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	<p>of the medication pass by LPN #4, on 4/19/11 at 8:25 a.m., the nurse indicated she was going to give Lovenox 40 mg, subcutaneously into Resident D's left upper arm. Lovenox is an anticoagulant.</p> <p>When queried about the medication and where she was going to inject it, LPN #4 indicated she had never given the medication before and was unfamiliar with it. She summoned the unit director who informed her it should be given</p>				<p>The Nurse Management Team is responsible for completion of this audit. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> A Nursing In-service is scheduled for 5/10/2011. This In-service will be conducted by Corporate Nurse Consultants and/or designee. This In-service will include review of the facility policy titled "Injectable Medication Procedure". The In-service will also review appropriate routes of administration for commonly administered medications. The nurses will be instructed that if they are ever unsure how to give a medication, they should seek guidance from a member of the Nurse Management Team. In addition, the facility will conduct a Skills Validation Fair on 5/10/2011. This Fair will require all nurses to do return demonstrations and competency checks on all basic nursing skills including administration of injectable medications. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b> To ensure compliance with this corrective action, the DNS or designee will be responsible for completion of the CQI tool titled, "Documentation MAR/TAR/Flow</p>		

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	<p>into the abdomen.</p> <p>During an interview with LPN #4, on 4/19/11 at 8:50 a.m., she indicated she had been employed by the facility "more than three months."</p> <p>Review of information in the 2010 Nursing Drug Handbook, page 406, on 4/19/11 at 2:00 p.m., indicated "Inject drug deep subcutaneously with patient in supine position. Alternate left and right anterolateral and posterolateral abdominal wall sites."</p>				<p>Sheet daily for 3 weeks and weekly thereafter. Additionally, Skills Validations and competency checks will be completed on all newly hired nurses within the first 60 days of employment, on all charge nurses during Skills Validations, as needed and at least annually thereafter. Findings will be submitted to the CQI Committee for review and follow up. Compliance Date: 05/21/2011</p>		

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F0514 SS=D	<p>This federal tag relates to Complaints IN00088375 and IN00089027.</p> <p>3.1-47(a)(1) 3.1-47(a)(2)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review, the facility failed to</p>			F0514	<p><b>F 514 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? It is the practice of this</b></p>		05/21/2011

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	<p>ensure complete and accurate records were maintained related to the documentation of medications for 1 resident in a sample of 12, whose records were reviewed for accuracy. Resident C</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed, on 4/18/11 at 8:30 a.m. and indicated the resident had been admitted to the facility on 1/4/11. Her diagnoses included, but</p>				<p>provider to ensure clinical records are complete and accurately documented. Resident C is receiving her medications as ordered. This resident experienced no negative outcome as a result of this finding. <b>How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?</b> All residents are at risk to be affected by this finding. All resident's charts will be audited to ensure all medications have been administered per physician's order and documented accordingly in the clinical record. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> A Nursing In-service will be held on 05/10/2011. This In-service will be conducted by Corporate Nurse Consultants and/or designee. This In-service will include review of the facility policy titled, "General Guidelines for Administering Medication". This In-service will also review documentation guidelines during medication administration. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b> The DNS and/or designee will be</p>		



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	<p>were not limited to: hypertension, mild dementia, constipation and depression. Review of the current MAR, for April 2011, indicated the medications amlodipine besylate 5 mg, (for hypertension) and bisoprolol 5 mg (also for hypertension) had not been signed as given on 4/14 or 4/15/11 at 1:00 p.m., as ordered. The MAR was also blank for doses of Cymbalta 30 mg (for depression) and Colace 200 mg (a stool softener) on 4/15 at 8:00</p>				<p>responsible for completion of the CQI Tool titled, "Documentation MAR/TAR/Flow Sheet" daily x3 weeks and then weekly thereafter to ensure ongoing compliance. Any findings will be submitted to the CQI Committee for review and follow up. Compliance Date: 05/21/2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	a.m.  This federal tag relates to Complaints IN00088375 and IN00089027  3.1-50(a)(1) 3.1-50(a)(2)						